DOCUMENT RESUME

ED 429 411 EC 307 152

TITLE	Infant Mental Health Assessment and Intervention Guidance for Service Providers and Families of Young Children. Service Guideline 4.
INSTITUTION	Connecticut Birth to Three System, Hartford.
PUB DATE	1998-12-00
NOTE	36p.
AVAILABLE FROM	Connecticut Birth to Three System, 460 Capitol Ave., Hartford, CT 06106; Tel: 860-418-6147; Web site: http://www.birth23.org
PUB TYPE	Guides - Non-Classroom (055)
EDRS PRICE	MF01/PC02 Plus Postage.
DESCRIPTORS	*Behavior Disorders; Developmental Stages; Disabilities; Early Identification; *Early Intervention; *Emotional Development; *Emotional Disturbances; Evaluation Methods; Family Programs; Guidelines; Infants; *Integrated Services; Mental Health; Toddlers
IDENTIFIERS	*Connecticut

ABSTRACT

This guide offers assessment and intervention guidelines for the Connecticut Birth to Three system concerning the emotional and psychological well-being of infants and toddlers in the system. Emphasis is on infants and toddlers who exhibit symptoms of traumatic stress disorder, depression or other affective disorders, regulatory disorders, sleep and eating disorders, and disorders of relating and communicating. Guidelines address the definition of infant mental health; stages of social and emotional development (from birth to 8 months, from 9 to 16 months, and from 16 to 36 months); integrated approaches to healthy emotional and social development; assessment, including recommended areas for assessment and diagnostic guidelines for infant mental health; and services and resources including those available to all families in the Birth to Three system, services for children with identified mental health needs, and other family programs and support services. Training needs for early interventionists are also identified. Appendices include the Birth to Three System mission statement, statements from the Connecticut Progress Council and the Connecticut Department of Education, a list of instruments useful in examining social and emotional development, a list of agencies and services in Connecticut to help families of children with emotional and behavioral disorders, and an outline of training outcomes and content. Contains 22 references. (DB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED 429 411

Service Guideline 4

Infant Mental Health

Assessment and intervention guidance for service providers and families of young children

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL HAS BEEN GRANTED BY

Goodman

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

1

December, 1998

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

✓ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

Connecticut Birth to Three System

2

BEST COPY AVAILABLE

EC 307152

Acknowledgments

The Birth to Three System would like to thank the following members of the Infant Mental Health Task Force. Their commitment to these issues as well as their donation of time and effort made this guideline possible.

Infant Mental Health Task Force Members:

***Kathryn Reddington**, CT Birth to Three Regional Manager, Eastern Region, Co-chair*
***Tom Howley,** Ph.D., Assistant Regional Director, DMR Southwest Region, Co-chair*
***Dawn Anderson,** Parent Representative and Mental Health Association of CT*
***Jane Bourns,** Wheeler Clinic*
***Joel Bregman,** M.D., Institute of Living Medical Group*
***Mary Beth Bruder,** Ph.D., ICC Chair and UConn Health Center Dept. of Pediatrics*
***Alice Carter,** Ph.D., Yale University*
***Ellen Cohen,** Franklin Educational Center, Bridgeport Public Schools*
***Linda Goodman,** CT Birth to Three System, Director*
***L. Philip Guzman,** Ph.D., Child Guidance Center of Greater Bridgeport*
***Margaret Holmberg,** LEARN*
***Doreen Long,** Department of Children and Families*
***Sally Lukeris,** Department of Mental Health and Addiction Services*
***Patricia Major,** Ph.D., Southern Connecticut State University*
***Joan Nicoll,** UConn Health Center, Department of Pediatrics*
***Melissa Schaffrick,** Parent Representative*
***Maria Synodi,** State Department of Education*

The task force members want to thank the many parents, professionals, and administrators from across the state who provided input and feedback during the development of this guideline.

Requests for copies of this guideline or any other guideline may be made by:

Contacting OR **Downloading from our website:**

Connecticut Birth to Three System
460 Capitol Avenue
Hartford, CT 06106
(860) 418-6147

www.birth23.org

Connecticut's lead agency for the Birth to Three System is:

DMR

Department of Mental Retardation

Peter H. O'Meara, Commissioner
Linda Goldfarb, Deputy Commissioner
Linda Goodman, System Director

Table of Contents

Preface ..... *i*

Background *1*

Need *2*

Definition of Infant Mental Health *2*

Social and Emotional Development *3*

Approaches *4*

Assessment *4*

Diagnostic Guidelines for Infant Mental Health *5*

Services and Resources *6*

Training *8*

Appendices Index *9*

1. *Mission of the Connecticut Birth to Three System* *10*
2. *Statements from the Connecticut Progress Council and the Department of Education* *11*
3. *Instruments Useful in Examining Social and Emotional Development* *13*
4. *Annotated List of Other Instruments that provide information on Social and Emotional Development* *17*
5. *Agencies and Services in Connecticut that Help Families of Children with Emotional and Behavioral Disorders* *19*
6. *Training Outcomes in Mental Health/Content* *27*
7. *References* *30*

PREFACE

This document was prepared by the Connecticut Birth to Three System's Infant Mental Health Task Force which was organized in February, 1997 in response to concern in Connecticut about the emotional and psychological well-being of children enrolled in the Birth to Three System and their families. The task force adopted the following charge:

Charge

Development of a plan of integrated services for children and families within the Birth to Three System that is in accordance with its mission (See Appendix 1) and is capable of:

- Supporting the healthy emotional and social development of young children and their families;
- Assessing young children with emotional and behavioral problems appropriately;
- Implementing an array of appropriate individualized services and resources to children and families; and
- Providing leadership for training of both professionals and paraprofessionals in early childhood mental health service delivery.

Population

The task force focused on infants and toddlers who are eligible for Birth to Three services and who exhibit symptoms of:

- Traumatic stress disorder;
- Depression or other affective disorders;
- Regulatory disorders;
- Sleep and eating disorders; and
- Disorders of relating and communicating.

BACKGROUND

The importance of addressing the social and emotional health and development of infants and toddlers has been emphasized by a number of groups on both a state and national level, as reflected in 1995 statements developed by both the Connecticut Progress Council and the Connecticut Department of Education (See Appendix 2).

Part C of the Individuals with Disabilities Act Amendments of 1997 defines early intervention services as "developmental services that are designed to meet the developmental needs of an infant or toddler with a disability in any one or more of the following areas... social or emotional development." The agency responsible for administering Part C in Connecticut is the Department of Mental Retardation (DMR). Those responsibilities include identifying and coordinating all available resources for early intervention services within the state, whether they are from federal, state, local and private sources. One important source to be considered is Medicaid and its requirement for Early Periodic Screening Diagnosis and Treatment.

Forness, Kavale, MacMillan, Asarnow, and Duncan have discussed in their review of the systems of care, that "although many agencies bear most of the ongoing responsibility for serving children, their referral, diagnostic, and treatment systems have traditionally not been interactive". A number of difficulties were identified in interagency and interdisciplinary collaboration.

The first problem in diagnosis and eligibility for services is that psychiatric diagnoses, as determined by DSM IV, are not comparable to eligibility categories, as determined under the Individuals with Disabilities Education Act (IDEA). For example, children with social maladjustment, including conduct and attention-deficit/hyperactivity disorders, are not necessarily eligible for Birth to Three services.

Second, further complicating diagnosis and treatment, is the occasion when the child has multiple issues. For example, a child with depression may also exhibit aggressive behavior and may be seen as a discipline problem. A child with communication problems may also have emotional and behavioral difficulties.

Third, cultural differences are a factor and may, for example, result in the over identification of emotional disorders in children from African American families and under identification in children from Asian and Latino families.

In summary Forness et al. concluded from their review that systems tend to be more reactive than proactive which often delays intervention. They recommended that early identification and remediation of emotional or psychiatric issues should occur earlier in the child's development than is currently practiced.

Need

All young children need good health; safety; and warm, loving relationships with their parents and caregivers. It is in the context of their families and other close community relationships that very young children must be understood, supported, and, when necessary, provided with appropriate services. Since the mission of the CT Birth to Three system is "to strengthen the capacity of Connecticut's families to meet the developmental and health related needs of their infants and toddlers", early intervention services must focus on the family. Family-driven, family-focused and strengths-based approaches are most effective in supporting healthy emotional and social development. The emotional experiences of family members must not be isolated from early intervention service provision.

Children with disabilities are more likely than other children to develop social, emotional, and behavioral difficulties. Developmental interventions and family supports can contribute greatly to increasing capacities in vulnerable children and lessening the risk of later maladaptive behavior. The child's Birth to Three program should be able to assess the child and develop the services necessary for intervention.

Definition of Infant Mental Health

Infant mental health is defined as the ability of infants to develop physically, cognitively, and socially in a manner which allows them to master the primary emotional tasks of early childhood without serious disruption caused by harmful life events. Because infants grow in a context of nurturing environments, infant mental health involves the psychological balance of the infant-family system.

Optimum infant mental health involves the development of that "goodness of fit" between the infant and his or her environment, and parents, guardians or care takers.

Optimum Infant Mental Health

- Healthy attachment between the child and the care givers, parents, and guardians;
- Emerging self-confidence;
- Competency in human relationships; and
- Behavior appropriate to developmental stage.

"Goodness of fit" is especially important for children who are developmentally or emotionally vulnerable. The role of the Birth to Three interventionist is to help parents find this "fit".

SOCIAL AND EMOTIONAL DEVELOPMENT

Infants and young children develop social and emotional skills that, although unique to each child, progress sequentially. The document *Who Will Hear My Cry?*, 1996 describes these stages:

From birth to 8 months of age: The young infant needs security most of all. It is through responsive interactions with parents and a few other special caregivers that infants develop a sense of a safe, interesting, and orderly world where they are understood and their actions bring pleasure to themselves and others. Feelings about security influence the baby's inclination to explore and become part of the child's identity. They are learning ways to be soothed and are establishing regulation and predictable cycles of eating and sleeping. Young infants need to know that a familiar caregiver will respond promptly when they feel distressed. Learning that they can count on being cared for helps infants build a sense of security.

From 9 to 16 months: Exploration takes center stage as infants become more mobile. It is important for caregivers to remember that at this stage infants practice independence but very much need trusted adults as a secure base of support. This stage of development is laced with complicated feelings about separation and attachment. Infants at this stage make use of new physical, cognitive, social, and emotional abilities, and the connections among them, to discriminate between familiar and unfamiliar people. Eye contact, vocalizing, and gesturing take on importance as tools for maintaining connection with loving, vigilant adults, on whom mobile infants rely to create an environment safe for exploration and to reassure them of their safety.

From 16 to 36 months: (The toddler) The period from 16 to 36 months is filled with exploration, questioning, discovery, and determination to find meaning in events, objects, and words. Beginning around 18 months of age, identity becomes the dominant developmental issue for children, closely tied to questions of independence and control. Toddlers are learning how to be safe, how to get what they need without taking from others, how to use peers and adults as resources, how to express feelings in words and other ways appropriate to their culture, and how to act appropriately in different situations. Toddlers' interactions may at times seem very sophisticated (as, for example, when they imitate a gentle, patient, or generous adult). At other times, fatigue, anxiety, or other distress overwhelms them. They are also learning to manage new feelings of anger and aggression. The social awareness of toddlers is vastly more complex than that of younger infants. Through dramatic play, increasing facility with language, and negotiation of conflicts with peers and adults, toddlers build a sense of themselves as social beings--competent, cooperative, and emotionally connected.

APPROACHES

Approaches to supporting the healthy emotional and social development of young children and their families should be integrated into each Birth to Three program.

- Early interventionists need to have an infant mental health point of view. They need to develop healthy professional relationships with families while assisting the family in meeting child and family outcomes.

- Early interventionists should have a capacity for empathy and support when helping families that face multiple challenges. Often families facing multiple challenges are unable to focus on the early intervention goals or effectively use services until their other challenges have been addressed. Early Interventionists should develop strategies to assist the family with these challenges, as the family prioritizes them, in order for that family to utilize the early intervention services most effectively.

In order to ensure a mental health perspective in early intervention, each of Connecticut's Birth to Three programs must have the availability of a mental health professional for on-going consultation by all staff.

ASSESSMENT

For children who are eligible for Birth to Three services, a written assessment indicating the child's unique abilities in each area of development and the services appropriate to meet those needs must be completed by a multidisciplinary team and must cover all five areas of development. (*CT Birth to Three System Procedures Manual*)

Identification of social and emotional mental health concerns is of significant importance and should be a part of the entire assessment process including initial and annual assessments. An appropriate assessment provides the information essential in the determination of needed services and supports including the need for further assessment or referral. It is recommended that infant mental health assessment procedures be completed by an multidisciplinary team, including a family member, covering the following areas:

Recommended Areas For Assessment

- Infant and toddler feelings, relationships, and behaviors;
- Family concerns re: infant feelings, relationships, and behaviors;
- Family resources (e.g., extended family and other natural supports);
- Family issues (e.g., adjusting to parenthood, negotiating child care, economic constraints, substance abuse);
- Environmental stressors (e.g., community violence, multiple foster placements).

The most common strategies for assessment are: 1) Family interview regarding: family experiences, concerns, needs, and supports; 2) Observation of infant and toddler play; and 3) Observation of family-child ways of relating. Available assessment instruments are listed in Appendices 3 and 4.

There are limitations to most available instruments for the comprehensive assessment of social and emotional development. The Infant-Toddler Social and Emotional Assessment (ITSEA) is a promising new instrument for children who are 12 months of age and older. The ITSEA can help providers to characterize a child's strengths and weaknesses within the following four dimensions of social and emotional development: 1) Externalizing problems (e.g., aggression); 2) Internalizing problems (e.g., depression and withdrawal); 3) Regulatory problems (e.g., sleeping, eating, unusual sensitivities); and 4) Competencies (e.g., compliance, empathy, emotional awareness).

The AIMS: Developmental Indicators of Emotional Health is a brief assessment system that can help providers to identify and develop interventions for children's emotional health. The AIMS defines emotional health as an individual's ability to grow and develop, to work, play and love, within the context of opportunities for attachment, interaction, and mastery that are provided by the family and the social environment.

The Vineland Social Emotional Early Childhood Scales is a norm referenced standardized assessment. It will help providers to examine the child's world of feelings and relationships. The scales will assess the skills of paying attention, entering into intentional social interactions, understanding expressions of emotion, constructing and observing relationships, and developing self-regulation behaviors.

Diagnostic Guidelines for Infant Mental Health

There will be instances where seeking a diagnostic classification of a child's mental health disorder is appropriate because the diagnosis will affect the manner in which early intervention services will be delivered. In general, classification serves a number of purposes including the following:

Purposes Of Diagnostic Classification

- Providing a way for clinicians to organize their observations;
- Providing a common language;
- Assisting in assessment and in formulating recommendations for intervention.

There are two mental health classification systems available for child mental health issues: *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Childhood* from the National Center for Clinical Infant Programs and *Diagnostic and Statistical Manual for Primary Care* (DSM PC) from the American Academy of Pediatrics working in cooperation with the American Psychiatric Association. Anyone making such a diagnosis must have the level of competency developed through professional training and experience which would be recognized as

standard practice within their profession. These personnel may be staff or contractors of Birth to Three programs, or a Birth to Three program may be required to seek such a diagnosis from an outside infant mental health specialist.

It is the responsibility of the Birth to Three program to seek a diagnosis when it is suspected that a mental health disorder might exist which would have a significant impact on a child's eligibility or the way in which early intervention services are delivered.

SERVICES AND RESOURCES

Intervention services that promote the general social and emotional well-being of infants and toddlers must be available from all of Connecticut's Birth to Three programs for all children receiving services and not just those with an identified social/emotional delay or mental health deficit. The following intervention services should be available from Birth to Three programs for all children and families receiving services:

Early Intervention Services Available To All Families in The Birth to Three System

- Parent and caregiver guidance to social, emotional, and behavioral development issues;
- Assistance to parents and caregivers in reading infant and toddler cues;
- Development of individual care giving strategies to use with infants and toddlers that address specific delays as well as social and emotional development;
- Assistance to parents to obtain services to reduce financial and other stressors;
- Assistance to parents in accessing and using other support systems.

In addition, children who have been identified with social and emotional delays or mental health deficits must have individualized services provided by their Birth to Three programs that are specific to their identified delay or deficit. Birth to Three programs should have the following services available:

Early Intervention Services For Children With Mental Health Needs

- Guidance regarding infant and toddler behavior issues;
- Therapy regarding parent and child relationships;
- Family therapy;
- Other specialized services (e.g. parent and infant programs.)

When the family's issues are beyond the parameters of the Connecticut Birth to Three System, programs must have the knowledge and ability to refer families to particular specialized mental health resources. It is critical that community sources for social and emotional mental health supports and services is available for infants and toddlers and their families. Staff of Birth to Three programs should be knowledgeable about those resources and be able to assist families to access them. Those services should then be listed in Section VI of the Individualized Family Service Plan to ensure that they are well-coordinated with the child's early intervention services. (See Appendix 5)

Other Family Programs and Support Services

- Local psychological, social work, and psychiatric professional organizations;
- Family service clinics;
- Child guidance clinics;
- Children's hospitals;
- University-based programs;
- Family resource centers;
- Family preservation and child abuse coalitions.

TRAINING

There is a need for trained and skilled early interventionists who are able to identify and evaluate the needs of infants and their families and able to plan and implement appropriate intervention strategies for infants in the context of their families.

The Birth to Three System will develop high quality training and technical assistance for all Birth to Three personnel through collaborations with other agencies' projects and associations in Connecticut. The areas covered will be awareness, assessment, and intervention. Training outcomes specific to infant mental health will be developed to assure accountability and quality service delivery. Service providers will develop an appreciation of the value of relationship-based, family-supportive service delivery. Personnel development needs to include content training and experience in the following areas:

Personnel Development Needs

- Typical and atypical infant and toddler development;
- Family systems, problem solving with families and establishing positive relationships with families;
- Issues of cultural diversity;
- Appropriate uses of assessment strategies and instruments;
- Identification of social and emotional concerns;
- Implementation of services and interventions;
- Teaming strategies with mental health service delivery agents.

See Appendix 6 for a detailed list of training outcomes and content covering each of these areas.

Appendices Index

1. Mission of the Connecticut Birth to Three System

2. Statements from the Connecticut Progress Council and the Connecticut Department of Education

3. Instruments Useful in Examining Social and Emotional Development

4. Annotated List of Other Instruments that provide information on Social and Emotional Development

5. Agencies and Services in Connecticut that help Families of Children with Emotional and Behavioral Disorders

6. Training Outcomes and Content

7. References

Appendix - One

Mission

of the Connecticut Birth to Three System

The mission of the Connecticut Birth to Three system is to strengthen the capacity of Connecticut's families to meet the developmental and health-related needs of their infants and toddlers who have delays or disabilities. The system will ensure that all families have equal access to a coordinated program of comprehensive services and supports that:

- ***foster collaborative partnerships***
- ***are family centered***
- ***occur in natural settings***
- ***recognize current best practices in early intervention***
- ***are built upon mutual respect and choice***

- collaboration - partnerships - family centered - opportunity - equal access - inclusion - choice - natural environments - best practice - comprehensive programs - mutual respect - teamwork -

Partnerships: *Supporting families requires a collaborative approach which encourages partnerships between the family, their community, service and health-care providers, schools and child care programs. Close coordination between and integration of health care and developmental services is critical. Partnerships should attempt to enhance the competence of families to develop and strengthen lasting networks of natural support.*

Family Centered: *A family centered approach places the whole family as the focal point for supports. Evaluation, planning and services are based upon the uniqueness of the family and its culture. Strategies for promoting a child's development are integrated into the family's daily activities and routines and strengthen the role of family members.*

Natural Environments: *Services and supports should occur in settings most natural and comfortable for the child and the family. They should foster opportunities for the development of peer relationships with children without disabilities. Home-based intervention and inclusive community group settings are preferred. The unique characteristics of the family's community - and the development of a natural system of supports within that community - should be promoted at all times.*

Best Practice: *Services and supports should reflect the current values for best practice accepted in the field of early intervention in order to yield the most positive outcomes. Interventionists and families should work in teams, sharing their knowledge and skills, communicating, planning and collaborating with each other. Plans should be outcome oriented and understandable by families. They should be based on developmentally appropriate practices geared to the individual needs of the child. Transitions should be well planned and collaborative in nature. The knowledge about best practice is always increasing. Therefore, service provision should be based on the most accurate and recent research available.*

Respect & Choice: *Recognition and inclusion of the knowledge, beliefs, aspirations, culture and preferences of families should be a cornerstone of all planning and delivery of supports and services. Professionals should openly share roles and assist one another in expanding competencies. Teamwork, wherein the family is an important participant, should guide all decisions. Families should be provided with opportunities to choose programs whenever possible. Their satisfaction with services should be an important factor in selecting and evaluating providers of support.*

BEST COPY AVAILABLE

Appendix - Two

Statements from the Connecticut Progress Council and the Connecticut Department of Education

Vision Statement 1995 - Connecticut Progress Council

Connecticut will be a community dedicated to developing healthy, well-educated individuals who excel in an ever-changing world and who take individual and collective responsibility for creating and sustaining safe, clean, and caring communities and environments.

- In 1993 there were 4,698 confirmed incidents of child abuse and neglect in children under age five in Connecticut.
- In 1993 there were 3,091 children living in homeless shelters in Connecticut.

Guiding Principals 1995 Connecticut Department of Education

Core values and guiding principles Infant mental health:

1. Values:

   An infant mental health system of care should be:

   - Child-centered and family-focused, with the types and combination of services provided dictated by the unique needs of the child and family.
   - Community-based, with the focal point of services, and the decision-making responsibility resting at the community level.

2. Guiding Principles:

   Infants and young children should:

   - Have their emotional needs met in a consistent nurturing manner.
   - Have access to early identification and intervention in order to maximize their development.
   - Have the ability to access an array of services in accordance with their changing needs.
   - Have the full participation of families and surrogate families in all aspects of the planning and delivery of services.
   - Receive individualized services in accordance with the unique needs and potential of each child, and services should be guided by an individualized service plan.

     Receive services in the least restrictive and natural environment, that is clinically appropriate.

- Have access to a comprehensive array of services that address the child's physical, social and emotional, and developmental and educational needs.
- Receive integrated services, that establish linkages between child care and education agencies and programs.
- Be provided with case management to ensure that multiple services are delivered in a coordinated and therapeutic manner.
- Have their rights protected through advocacy.
- Receive service without regard to race, religion, national origin, sex, physical disability, or other characteristics. These services should be sensitive, responsive, and appropriate to cultural and ethnic differences and special needs.

Appendix - Three

Instruments Useful in Examining Social and Emotional Development

AIMS: Developmental Indicators of Emotional Health *(1990)*

Designed for use by professionals in the fields of health, education, and mental health. The AIMS system consists of four parts; 1) intake-including family background and family concerns indicator; 2) parent questionnaires-including materials designed for ages 2 weeks, 2, 4, 6, 9, 12, 15, and 18 months and ages 2, 3, 4, and 5 years; 3) general questions and points of observation-including suggestions for interviews and parent/child observations; 4) focused interview questions and brief interventions-including suggestions for both.

Available from: National Child Welfare Resource Center for Organizational Improvement, University of Southern Maine, 400 Congress St. Post Office Square P. O. Box 15010, Portland, ME 04112 (800) HELP KID.

Bayley-II Behavior Rating Scale (Bayley, 1993)

Supplements information in Bayley-II Mental & Motor Scales. 30 items measuring the following factors: Attention/Arousal, Orientation/Engagement, Emotional Regulation, and Motor Quality. Must be purchased and administered as part of total Bayley-II kit.

Available from: Psychological Corporation, 555 Academic Court, San Antonio, TX 78204-2498 (800) 228-0752.

Child Development Inventory (CDI) (Ireton & Thwing, 1992)

This questionnaire replaces the original Minnesota Child Development Inventory. 320 item parent questionnaire assessing development and behavior problems in children aged 15 months to 6 years. Takes 30-50 minutes to complete. 8 scales including social, self-help, gross motor, fine motor, expressive language, language comprehension, letters, numbers, and general development. There are also 30 symptoms and behavioral problem items.

Available from: American Guidance Service, P.O. Box 99, Circle Pines, MN 55014-1796, (800) 328-2560.

Early Coping Inventory (Zeitlin & Williamson, 1988)

Designed for use with children ages 4 to 36 months. 48 items, each scored on 5 point scale. Divided into three categories: Sensory Motor Organization, Reactive Behavior, and Self-Initiated Behaviors. Designed for professional use in either a systematic observational setting or by professionals who are familiar with the child. Field study was comprised of 1440 infants and toddlers. Has adequate information regarding validity and reliability.

Available from: Scholastic Testing Service, P.O. Box 1056, Bensenville, IL 60106-8056, (312) 766-7150.

Home Observation for Measurement of the Environment (HOME) Inventory (Caldwell & Bradley, 1978)

Designed for birth to three years of age. (A preschool scale is also available). Administered in family's home in approximately 30 minutes. Comprised of 45 items indicating presence or absence of behavior, completed through both interview and observation. Items are divided into the following areas, with subscores for each along with a total score. Caregiver emotional and verbal responsively, avoidance of restriction and punishment, organization of environment, provision of appropriate play materials, caregiver involvement with child, and variety of daily stimulation. Limited norms; standardized on 176 families from Little Rock. Information regarding validity and reliability is available.

Available from: Bettye Caldwell, Center for Child Development & Education, University of Arkansas at Little Rock, Little Rock, AR 72204.

Infant Toddler Developmental Assessment (IDA), (Erikson & Vater, 1988)

Family-centered team assessment of children from birth to age 3. Five scales: Gross Motor, Fine Motor, Relationship to Inanimate Objects, Language, and Self-Help. Three sub-domains: Relationship to Persons; Emotions & Feeling States, and Coping. Requires interdisciplinary team of trained and certified professionals. Some information available regarding validity.

Available from: Riverside Publishing 425 Spring Lake Drive, Itasca, IL 60143, 800-323-9540

Infant-Toddler Social and Emotional Assessment (ITSEA) *(Carter, 1998)*

Appropriate for children 12 months of age and over. Can be completed by parents independently. Includes strengths and weaknesses within the following four dimensions of social and emotional development: 1) Externalizing problems (e.g., aggression); 2) Internalizing problems (e.g., depression/withdrawal; 3) Regulatory problems (e.g., sleeping, eating, unusual sensitivities); and 4) Competencies (e.g., compliance, empathy, emotional awareness).

Available from: Alice Carter, Ph.D., Assistant Professor, Department of Psychology, Yale University, P. O. Box 208205, New Haven, CT 06520-8205 (203) 234-0700.

Inventory of Parent Experiences (Crnic, Ragozin, Greenberg & Robinson, 1984)

47 items divided into several components: Satisfaction with Parenting Scale, comprised of two subscales measuring role satisfaction and pleasure with baby; Questionnaire on Social Support, measuring levels of support available from a range of persons and parent's satisfaction with it; General Life Satisfaction; Life Experiences Survey. Includes some information on internal consistency.

Available from: K.A. Crnic or Patricia Vadasy, Experimental Education Unit WJ-10, University of Washington, Seattle, WA 98195, (206) 543-4011.

Parenting Stress Index (Short Form) (Abidin, 1990)

A 36 item scale consisting of three subscales (parental distress, parent-child dysfunctional interaction, and difficult child) which form a total stress score. Index is completed by parent using a 5 point Likert response. Includes profile sheet and norms developed based on sample of 800.

Available from: Pediatric Psychology Press, 320 Terrell Road West, Charlottesville, VA 22901.

Parenting Stress Index (Abidin, 1990)

101 items are divided into Child Characteristics and Parent Characteristics Domains, with an optional 19 item Life Stress Scale. Child Domain scales include: adaptability, acceptability, demandingness, mood, distractibility/hyperactivity and reinforce parent. Parent Domain scales include: depression, attachment, restriction of role, sense of competence, social isolation, relationship with spouse and parent health. Standardization with 2,633 parents based on stratified variable of sex, race, income, marital status, parental education and employment status. Contains data regarding validity and reliability. Administration time is 20 minutes. Hispanic norms are available.

Available from: Pediatric Psychology Press, 320 Terell Road West, Charlottesville, VA, 22901

Questionnaire on Resources and Stress-Short Form (Friedrich, Greenberg, & Crnic, 1983)

A 52 item true-false measure designed for families of developmentally delayed, psychiatrically impaired, or chronically ill children. Information provided regarding family background of the 289 families who comprised the test sample. Measure is more useful for children above aged 2 due to nature of many questions.

Published in: American Journal of Mental Deficiency, 1983, Vol. 88, pages 41-48.

Revised Infant Temperament Questionnaire (Carey & McDevitt, 1978)

Designed for ages 4-8 months. 95 items (completed by parent) with 6-point Likert scale measuring infant's activity, rhythmicity, approach, intensity, adaptability, persistency, distractibility, and threshold to stimulation. Standardized on 203 infants, primarily from middle and upper middle class Caucasian families. Reliability and validity data is available. Takes 35-45 minutes to complete and 10-15 minutes to score. Summary score divides infants into the following diagnostic groups: difficult, easy, slow-to-warm-up, or intermediate. Most widely used temperament questionnaire currently available. Also available is a Toddler Temperament Scales for ages 1 to 3.

Available from: William B. Carey, M.D., 319 West Front Street, Media, PA 19063, (215) 566-6641.

Rossetti Infant Toddler Language Scale (Rossetti, 1990)

Designed for children from birth to 36 months. Divided into the following subscales: interaction-attachment, pragmatics, gesture, play, language comprehension and language expression. Administered based on child's age in 3 month groupings with approximately 30 items at each age group. Scale is criterion referenced and "items are a compilation of author observation, descriptions from developmental hierarchies and behaviors recognized and used by leading authorities in the field of infant and toddler assessment."

Available from: LinguiSystems, Inc., 3100 4th Avenue, East Moline, IL 61244, (800) 776-4332.

Teachers' Inventory of Emotional & Behavioral Development in Children Ages 2-6 years (Abelson, Naylor, & Provence, 1980)

Seven scales measure: play, language, feelings, relationships, movement and coordination, and Regulation of Body Functions. Total of 100 items plus several open-ended questions.

Available from Yale University, Child Study Center, 230 Frontage Rd. P.O. Box 207900 New Haven, Connecticut 06520-7900.

Toddler Temperament Scale (Fullard, McDevitt, & Carey, 1978)

Constructed as an extension of the Infant Temperament Questionnaire described above. Scoring is similar. 97 items assessing nine temperament dimensions on a 6 point scale. Administration time of 20-30 minutes. Scoring 10-25 minutes. Standardized on 309 children in two pediatric practices. Most of sample was Caucasian, middle-class families.

Available from: William Fullard, Ph.D., Department of Educational Psychology, Temple University, Philadelphia, PA 19122, (215) 787-6022.

Vineland Social Emotional Early Childhood Scales (Sparrow, Balla, and Cicchetti, 1998)

Parent/caregiver questionnaire assessing social and emotional development. The scales are norm referenced and standardized.

Available from: American Guidance Service, P.O. Box 99, Circle Pines, MN 55014-1796, (800) 328-2560.

Yale Child Study Center Inventories of Development (Health Professionals' Inventory - Infancy to Six Years) (Leonard & Provence, 1981)

71 items completed by professional, along with a two page parent check list completed prior to visit. Assesses child in areas of feelings, relationships and behavior and problems of feelings, relationships and behavior, along with professional's impression of language and motor development and vision and hearing. Assesses impressions of parental care including usual characteristics of parents and family problems.

Available from: Yale University, Child Study Center, 230 Frontage Rd. P.O. Box 207900 New Haven, Connecticut 06520-7900.

Appendix - Four

Annotated List of Other Instruments that Provide Information on Social and Emotional Development

Behavioral Assessments of Baby's Emotional and Social Style (BABES) (1994) (Experimental Edition)

Parents are asked to respond to 24 dyads of infant/toddler strengths and concerns and to identify behaviors that present problems to the family. Parents self-identify a need for further evaluation and services. Preliminary research on 128 infants and toddlers aged birth to three suggests a cutoff score of 36 as an indicator for further assessment. A Supplementary Data sheet for clinician use identifies infant and family risk factors that influence clinician decision making. This screening scale is available in English and Spanish. Administration time is five minutes.

Available from: Karen Finello, Ph.D., California School of Professional Psychology, 1000 South Fremont Avenue, Alhambra, CA 91803-1360, or Marie Kanne Poulsen, Ph.D., USC/University Affiliated Program, Children's Hospital Los Angeles, P.O. Box 54700, Los Angeles, CA 90054-0700

Bayley Infant Neurodevelopmental Screen (BINS) (1995)

A screening tool designed for children between ages 3 and 24 months. Screens for problems in basic neurologic functions, auditory and visual receptive functions, and social and cognitive processes. Includes a subset of Bayley-II items along with standard measures of neurologic assessment. Pass/fail scoring system with cut scores and information regarding sensitivity and specificity are provided. Standardization sample of 600 cases matched to U.S. demographic percentages for race/ethnicity, demographic region, and parent educational level.

Available from: Psychological Corporation, 555 Academic Court, San Antonio, TX 78204-2498 (800) 228-0752.

Child Behavior Checklist for Ages 2-3 (1986)

100 items record, in a standardized format, the behavioral problems of young children. Internalizing and externalizing scales can be computer scored. Standardization information is reported. Contains data regarding validity and reliability. Administration time is 20 minutes.

Available from: T.M. Achenbach, Center for Children, Youth & Families, University of Vermont, 1 South Prospect St., Burlington, Vermont, 05401

Infant Symptom Checklist (ISC) (1990) (Experimental edition)

The Infant Symptom Checklist presents 20 items. Preliminary research on 37 infants aged birth to 12 months suggests a cutoff score of 14 as an indicator of psychosocial dysfunction. Follow-up of identified infant-mother dyads indicated the screening of infants alone is not effective when used with drug abusing families. While more research is indicated, this remains the only infant psychosocial screening tool with preliminary data available.

Available from: Michael Murphy, Ed.D., Child Psychiatry Service, ACC 725, Massachusetts General Hospital, Boston, MA 02114.

Parents Report of Child's Behavior and Development *(part of Yale University Child Study Center's Inventories of Development - Health Professional's Inventory, 1981)*

Parents are asked to respond to 57 comments/concerns about their child's health, temperament, and development. The tool is designed as part of a comprehensive developmental inventory.

Available from: Yale University, Child Study Center, 230 Frontage Rd. P.O. Box 207900 New Haven, Connecticut 06520-7900.

Appendix - Five

Agencies and Services in Connecticut that Help Families of Children with Emotional and Behavioral Disorders

CHILD GUIDANCE CLINICS & FAMILY SERVICE AGENCIES

The following is an alphabetical listing, by town, of Family Service Agencies and Child Guidance Clinics in Connecticut.

Family Service Agencies are private agencies that can provide crisis and mental health counseling for parents and youth. They can also assist in locating day care, health care or other needed services. Family Service Agencies are listed by name and phone number.

Child Guidance Clinics provide diagnostic and crisis counseling services to children and their parents. Most services are available on a sliding fee scale and Medicaid is accepted. Some child guidance clinics offer specialized programs and services to meet their community's needs. Child Guidance Clinics are funded, in part, by the Department of Children and Families. Each Child Guidance Clinic's address is listed below the agency's name.

Ansonia

Birmingham Group
(203) 736-2601

Catholic Family Services
(203) 735-7483

Bridgeport

Catholic Family Services
(203) 372-4301

Child Guidance Center of
Greater Bridgeport
1081 Iranistan Avenue
Bridgeport, CT 06604
(203) 367-5361

Family Services
(203) 368-4291

Jewish Family Service
(203) 366-5438

Bristol

Catholic Family Services
(860) 589-8662

Bristol (continued)
Family Service, Inc.
(860) 583-9225

Danbury

Catholic Family Services
(203) 655-2169

Child Guidance Center of Family
and Children's Aid
75 West Street
Danbury, CT 06810
(203) 748-5689

Dayville

United Services
Box 251
1007 North Main Street
Dayville, CT 06241
(860) 774-2020

Darien

Catholic Family Services
(203) 655-2169

Family and Children's Services of
Stamford
(203) 655-0547

24

Enfield

Catholic Family Services
(860) 763-3333

Counseling & Support Connections, Inc.
47 Palomba Drive
Enfield, CT 06082
(860) 253-5020

Essex

Child & Family Agency of Southeastern CT
(860) 767-0147

Gateway Counseling Service
(860) 767-2025

Mental Health/Shoreline Clinic
(860) 344-6560

Fairfield

Child Guidance Clinic of Greater Bridgeport
(203) 255-2631

Greenwich

Child Guidance Clinic of Southern CT, Inc.
(203) 869-7187

Family Center, Inc.
(203) 869-4848

Jewish Family Services
(203) 622-1881
(860) 435-2529

Guilford

Catholic Family Services
(203) 453-5746

Family Counseling of Guilford
(203) 453-2925

Guilford Youth and Family Services
(203) 453-8047

Hamden

Yale Hamden Children's Mental Health
60 Putnam Avenue
Hamden, CT 06517
(203) 288-6253

Hartford

Catholic Family Services, Institute for Hispanic Family
80 Jefferson Street
Hartford, CT 06106
(860) 527-1124

South End Community Services
(860) 296-5068

The Wheeler Clinic, Inc.
(860) 527-1644
1-888-793-3500

Village for Families and Children
1680 Albany Avenue
Hartford, CT 06105
(860) 236-4511

Village for Families and Children
43 Woodland Street
Hartford, CT 06105
(860) 527-4224

Lakeville

Housatonic Center for Mental Health
Box 153
315 Main Street
Lakeville, CT 06039

Madison

Family Counseling Service of Madison
(203) 245-4498

Jewish Family Service of New Haven
(203) 245-3797

Manchester

Community Child Guidance Clinic
317 North Main Street
Manchester, CT 06040
(860) 643-2101

Manchester (continued)
The Village for Families & Children, Inc.
Northeast Professional Counseling Center
(860) 643-2761

Meriden

Catholic Family Service
(203) 235-2507

Child Guidance Clinic for Central CT
117 Lincoln Street
Meriden, CT 06450
(203) 235-5767

Family Service Association of Central CT, Inc.
(203) 235-7923

Middletown

Community Health Center, Inc.
P.O. Box 1076
635 Main Street
Middletown, CT 06457
(860) 347-6971

Middlesex Hospital Mental Health Clinic
103 South Main Street
Middletown, CT 06457
(860) 344-6560

Milford

Catholic Family Services
(203) 874-6270

Milford Mental Health Clinic
949 Bridgeport Avenue
Milford, CT 06460
(203) 878-6365

Montville

Family Service Association of Southern New London County
(860) 442-4319

New Britain

Catholic Family Services
(860) 225-3561

New Britain (continued)
Community Mental Health Affiliates, Inc.
26 Russell Street
New Britain, CT 06052
(860) 223-2778

Family Service, Inc.
(860) 223-9291

New Haven

ACUTE - Adolescent Crisis Unit for Treatment and Evaluation
(203) 789-3252

Catholic Family Services
(203) 787-2207

Children's Psychiatric Emergency Service (Under age 11)
(203) 789-3750

Clifford W. Beers Guidance Clinic
93 Edwards Street
New Haven, CT 06511
(203) 772-1270

Family Counseling of Greater New Haven
(203) 495-7431

Jewish Family Service of New Haven
(203) 389-5599

Yale University Child Study Center
P.O. Box 208009
New Haven, CT 06520-8009
(203) 785-2513

New London

Catholic Charities/Catholic Family Services
(860) 443-5328

Child and Family Agency of Southeastern CT
255 Hempstead Street
New London, CT 06320
(860) 443-2896

New London (continued)
Child Guidance Clinic of Southeastern CT
75 Granite Street
New London, CT 06320
(860) 437-4550

Family Service Association, Inc.
(860) 442-4319

Jewish Family Service
(860) 444-6333

Newtown

Family Life Center of Newtown, Inc.
(203) 426-8103

Niantic

Family Service Association, Inc.
(860) 442-4319

Norwalk

Catholic Family Services
(203) 838-2316

Family and Children's Aid of Greater Norwalk
(203) 855-8765

Mid Fairfield Child Guidance Center
74 Newtown Avenue
Norwalk, CT 06851
(203) 847-3891

South Norwalk Community Center
(203) 854-1885

Norwich

Catholic Charities/Catholic Family Services
(860) 889-8346

United Community Services
Mental Health Clinic for Children and Families
77 East Town Street
Norwich, CT 06360
(860) 886-3527

Old Saybrook

Youth and Family Services
(860) 395-3190

Orange

Orange Family Counseling
(203) 795-6662

Plainville

Life Guides Counseling Services
(860) 793-0094

Wheeler Clinic
91 Northwest Drive
Plainville, CT 06062
(860) 747-6801

Plymouth

Family Service of Plymouth
(860) 583-9225

Ridgefield

Catholic Family Services of Danbury
(203) 431-8170

Shelton

Catholic Family Services
(203) 924-9604

Lower Naugatuck Valley Parent Child Resource Center
40 White Street
Shelton, CT 06484
(203) 924-2606

Stamford

Catholic Family Services of Bridgeport
(203) 323-1105

Child Guidance Center of Southern CT
103 West Broad Street
Stamford, CT 06902
(203) 324-6127

Stamford (continued)
Family and Children's Services of Stamford
(203) 324-3167

Jewish Family Service
(203) 321-1375

Stonington

Family Service Association, Inc.
(860) 442-4319

Stratford

Catholic Family Services of Bridgeport
(203) 375-9553

Child Guidance Clinic of Greater Bridgeport
(203) 378-1654

Terryville

Family Services, Inc.
(860) 583-9225

Torrington

Catholic Family Services
(860) 482-5558

Charlotte Hungerford Hospital
30 Peck Road
Torrington, CT 06790
(860) 496-6601

Child and Family Services, Inc.
(860) 482-8561

Uncasville

Bishop Flanagan Ministry Center, Office of Family Life
(860) 848-2237

Vernon

Hockanum Valley Community Council, Inc.
(860) 872-9825

Waterbury

Catholic Family Services
(203) 755-1196

Child Guidance Clinic of Greater Waterbury
70 Pine Street
Waterbury, CT 06710
(203) 756-7287

Family Service of Greater Waterbury
(203) 756-8317

West Hartford

The Bridge
(860) 521-8035

Jewish Family Service of Greater Hartford
(860) 236-1927

West Haven

West Haven Mental Health Clinic
270 Center Street
West Haven, CT 06516
(203) 789-7858

Westport

Jewish Family Services
(203) 454-4992

The Family Center
(203) 226-7007

Willimantic

Catholic Charities/Catholic Family Services
(860) 423-7065

United Services
(860) 456-2261

Wilton

Catholic Family Services
(203) 838-2316

Winsted

Housatonic Center for Mental Health
(860) 379-3337

Woodbridge

Woodbridge/Bethany Family Counseling
(203) 387-6780

Mental Health Agencies

Connecticut Association of Mental Health Clinics For Children, Inc. (203-847-3891)
Represents the 25 community-based Child Guidance Clinics throughout Connecticut.

Special Education Resource Center (S.E.R.C.) (860-632-1485)
Provides training and disseminates information regarding special education rights, laws and programs. Resource library and publications. Publishes a listing of approved camps and summer programs.

Connecticut Association of Marriage and Family Therapists (860-282-4777)
Provides referrals to Certified Marriage and Family Therapists, who are able to treat children and adolescents with emotional problems, learning disabilities, drug and alcohol abuse and eating disorders in the context of their families. Are now able to collect third party (insurance) payments.

Connecticut Infoline (800-203-1234)
Provides information on and referrals to thousands of services throughout the state.

Child Psychopharmacology Information Center Fax: (608-236-6171)
Information service for questions about drug treatments for children with serious emotional disorders
University of Wisconsin, Department of Psychiatry, 600 Highland Avenue Madison, WI 53792-0001

MENTAL HEALTH & SPECIFIC DISABILITY ORGANIZATIONS

Autism Society of Connecticut
2 Woodbridge Court
Simsbury, CT 06070
(860) 658-7648
Call for a list of local chapters

Connecticut Psychological Association
50 Founders Plaza #107
East Hartford, CT 06108
(860) 528-8550
Referral Service 1-800-272-4735

Fragile X Society
(203) 272-3571

Fragile X Society of Connecticut
264 Carlton Drive
Cheshire, CT 06410
(203) 250-7640

Learning Disabilities Association (LDA)
100 Constitution Plaza
Suite 710
Hartford, CT 06103
(860) 560-1711
Call for a local chapter listing

Learning Disabilities of Connecticut, Inc.
139 North Main Street
West Hartford, CT 06107
(860) 236-3953

Mental Health Association of CT, Inc.
20-30 Beaver Road
Wethersfield, CT 06109
(860) 529-1970

O.C. (Obsessive Compulsive) Foundation, Inc.
P.O. Box 70
Milford, CT 06460
(203) 878-5669

The Connecticut Federation of Families for Children's Mental Health
c/o The Family Center
CCMC
282 Washington Street
Hartford, CT 06106
(860) 545-9057
1-800-613-0016 (Family Members Only)

The Connecticut Association for Children with Learning Disabilities (CACLD)
18 Marshall Street
South Norwalk, CT 06854
(203) 838-5010

Tourette Syndrome Association of CT
8 Anthony Terrace
Durham, CT 06422
(860) 349-0055

ADVOCACY ORGANIZATIONS

Many of these organizations offer support groups for parents.

Children with Attention Deficit Disorder (CHADD) Chapters
Statewide
CHADD National Headquarters
499 North West 70 Avenue, Suite 101
Plantation, Florida 33317
(305) 587-3700

Citizens for Connecticut's Children and Youth
205 Whitney Avenue #308
New Haven, CT 06511
(203) 498-4240

Connecticut Association for Children with Learning Disabilities (CACLD)
18 Marshall Street
South Norwalk, CT 06854
(203) 838-5010

Connecticut Parent Advocacy Center, Inc. (CPAC)
338 Main St.
Niantic, CT 06357
(860) 739-3089
1-800-445-2722 (For Family Members)

Learning Disabilities Association (LDA)
100 Constitution Plaza, Suite 710
Hartford, CT 06103
(860) 560-1711

National Alliance for the Mentally Ill (NAMI) Child and Adolescent Network (NAMICAN)
8 Country Club Drive
Woodbridge, CT 06525
National Phone # 1-800-950-6264

The Connecticut Federation of Families for Children's Mental Health
c/o The Family Center
CCMC
282 Washington Street
Hartford, CT 06106
(860) 545-9057
1-800-613-0016 (Family Only)

The Coalition for Children with Mental Health Needs
Mental Health Association of Connecticut
20-30 Beaver Road
Wethersfield, CT 06109
(860) 545-9024

Western Connecticut Association for Human Rights
(WeCAHR)
11 Lake Avenue Extension
Danbury, CT 06811
(203) 792-3540

Appendix - Six

Training Outcomes in Infant Mental Health

The professional will:

1. Understand the critical requisites needed for social and emotional health and development.

2. Understand biological, familial, experiential and community influences on the social and emotional well-being of infants and toddlers.

3. Provide careful family centered screening, assessment and intervention that promotes the social and emotional well-being of infants and toddlers and meets the developmental needs of infants and toddlers with social and emotional risk indicators or mental health diagnoses.

4. Understand systems issues that address the social and emotional well-being of infants and toddlers and their families.

Content

1. Social and emotional health and development in infants and toddlers

   A. Overview of social and emotional health and development:

   - Indicators of infant/toddler resilience
   - Indicators of infant/toddler risk

   B. Critical requisites needed for children to thrive are:

   - Attachment/relationships
   - "Goodness of fit"
   - Self-efficacy
   - Development of self
   - Routines and rituals
   - A "protective environment" and parent as buffer

   C. Biological and constitutional influences:

   - Temperament
   - Neurodevelopmental status
   - Physical health
   - Developmental disability
   - Chronic illness
   - Prematurity

D. Family influences: parental, family and extended family:

- Supports
- Resources
- Risk factors: abuse and neglect

E. Experiential influences:

- Loss of primary caregiver
- Multiple caregivers
- Out of home placement
- Multiple placements
- Hospitalizations

F. Community and Societal influences:

- Network of community support
- Cultural issues
- Economic opportunity
- Community stability

2. Social and emotional developmental screening, assessment, and diagnosis:

- Best practices in screening for infant and toddler social and emotional risk indicators
- Infant and toddler social and emotional screening protocols
- Current referral resources for assessment and diagnosis within the community
- Best practices in assessing infant and toddler social and emotional risk and resilience indicators
- Infant and toddler social and emotional assessment protocols
- Classification systems for diagnosis: e.g., DSM IV, Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood

3. Early prevention and intervention:

- Interventions for infants and toddlers with identified social and emotional/ mental health disorders (e.g., pervasive developmental disorders, failure to thrive, traumatic stress disorders, attachment disorders, etc.)
- Care giving strategies that promote healthy social and emotional development enhancing infant/toddler resilience

- Care giving strategies that address needs of infants and toddlers demonstrating social and emotional risk indicators
- Infant-parent developmental supports
- Infant-parent psychotherapy
- Parent and family supports
- Working with hard to reach "high need" families
- Designing effective infant-toddler family service plans
- Current resources in the community that address infant and toddler social and emotional needs and parent and family needs for support
- Incorporation of strategies that promote healthy social and emotional development into existing prevention and intervention programs

4. Systems Issues:

- Overview of current system addressing infant mental health and social and emotional development
- Tapping existing community, state and national resources to developing a continuum of care within the community
- Community resources for assessment and diagnosis
- Best practices in service delivery
- Interagency service and care coordination
- Funding sources
- Personnel preparation and in-service training and mentoring
- Policy making and advocacy
- Laws and regulations affecting delivery of infant-toddler mental health care

Appendix - Seven

References

Cited in Document

The Classification of Child and Adolescent Mental Diagnoses in Primary Care, Diagnostic and Statistical Manual for Primary Care (DSM-PC) Child and Adolescent Version, American Academy of Pediatrics.

Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (1994). Zero To Three National Center for Infants, Toddlers, and Families.

Forness, S., Kavale, K. A., MacMillan, D. ; Asarnow, J.; and Duncan, B., Early Detection of Emotional or Behavioral Disorders: Developmental Aspects of Systems of Care

Other Resources

Arizona Infant Mental Health Strategic Plan, (1995). Arizona Department of Health Services, Community and Family Health Services, Phoenix, AZ.

Breakey, G. and Pratt, B., (1991). Healthy Growth for Hawaii's "Healthy Start": Toward a Systematic Statewide Approach to the Prevention of Child Abuse and Neglect. Zero to Three, 11(5).

The California Infant Mental Health Work Group Report: Recommendation for Screening, Assessment, Service Delivery, and Training Related to the Promotion of Infant Social and Emotional Mental Health, (1996).

Children's Mental Health Services: Policy Implications of the New Paradigm, Background Briefing Report and Seminar Highlights, (1985). Family Impact Seminar, An Independent Nonpartisan Public Policy Institution.

Cole, D., Day, D., Drach, K., Harris, M., and Veit, M, (1995). Infant Mental Health In Maine, A Working Paper. Quality Assurance Committee, Maine Association for Infant Mental Health.

Maltreatment Prevention Materials for Children with Disabilities, (1996). Developmental Disabilities Training Project Self Study Guide. Boys Town National Research Hospital.

Greenspan, S.I., Kalmanson, B., Shahmoon-Shanok, R., Wieder, S., Williamson, G.G., Anzalone, M., Assessing and Treating Infants and Young Children wit Severe Difficulties in Relating and Communicating, (1997), Zero to Three: National Center for Infants, Toddlers, and Families. Washington, D.C.

Greenspan, S.I., Wieder, S., Lieberman, A., Lourie, R., Nover, R.,and Robinson, M, eds (1987). Infants in Multi-risk Families: Case studies in preventive intervention (Clinical Infant Reports Series # 3) New York: International Universities Press.

Hara, S, and Ooms, T, (1995). Children's Mental Health Services: Policy Implications of the New Paradigm. Family Impact Seminar, Washington, DC

Hirschberg, Laurence M., "Clinical Interviews with Infants and their Families" in Zeanah, C.,(Ed.), (1993). Handbook of Infant Mental Health. New York: Guilford Press.

Hirshberg, Laurence M.,(1998). "Infant Mental Health Consultation to Early Intervention Programs" Zero to Three, December 1997/January 1998

Klee, L., Kronstadt, D., Zlotnick, C., (1997). "Foster Care's Youngest: A Preliminary Report" American Journal of Orthopsychiatry, 67(2).

Knitzer, J. (1993). "Children's Mental Health Policy: Challenging the Future" Journal of Emotional and Behavioral Disorders, 1(1).

Knitzer, Jane (1998) "Early Childhood Mental Health Services: A Policy and Systems Development Perspective" in Shonkoff, J.P. and Meisels, S.J. (Eds.) Handbook of Early Childhood Intervention (second edition). New York: Cambridge University Press.

Prevention and Early Intervention For Young Children At Risk for Mental Health and Substance Abuse Problems and Their Families, A Background Paper (1997) National Technical Assistance Center For Children's Mental Health, Center for Child Health and Mental Health Policy, Georgetown University, Child Development Center.

Sullivan, Patricia M., Knutson, John F,. Scanlan, John M. and Cork, Paulette M., (1997). Maltreatment of Children with Disabilities: Family Risk Factors and Prevention Implications. Journal of Child Centered Practice.

Trout, Michael (1988), Infant Mental Health: Monitoring Our Movement into the Twenty-First Century. Infant and Mental Health Journal, 9, (3).

Who Will Hear My Cry? Developing a System of Care to Meet the Mental Health Needs of Infants, Toddlers, Preschoolers and Their Families, Summary of An Invitational Conference (1996) National Technical Assistance Center For Children's Mental Health, Center for Child Health and Mental Health Policy, Georgetown University Child Development Center.

Zeanah, C.,(Ed.), (1993). Handbook of Infant Mental Health. New York: Guilford Press.